

Compendium of Evidence-based Practices for Substance Abuse Treatment

November 2005 Edition



The Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

This compendium of evidence-based substance abuse treatment practices is organized using the Texas Christian University's (TCU) Treatment Process Model developed by Dr. Dwayne Simpson (2002). This model, represented below, is a systematic framework for representing how treatment works. By conceptualizing treatment in discrete phases—e.g., outreach, induction, engagement, treatment, and aftercare—interventions can be systematically applied for increased effectiveness.

For more detailed information on the TCU Treatment Process Model, visit the Institute for Behavioral Research at Texas Christian University, <http://www.ibr.tcu.edu>

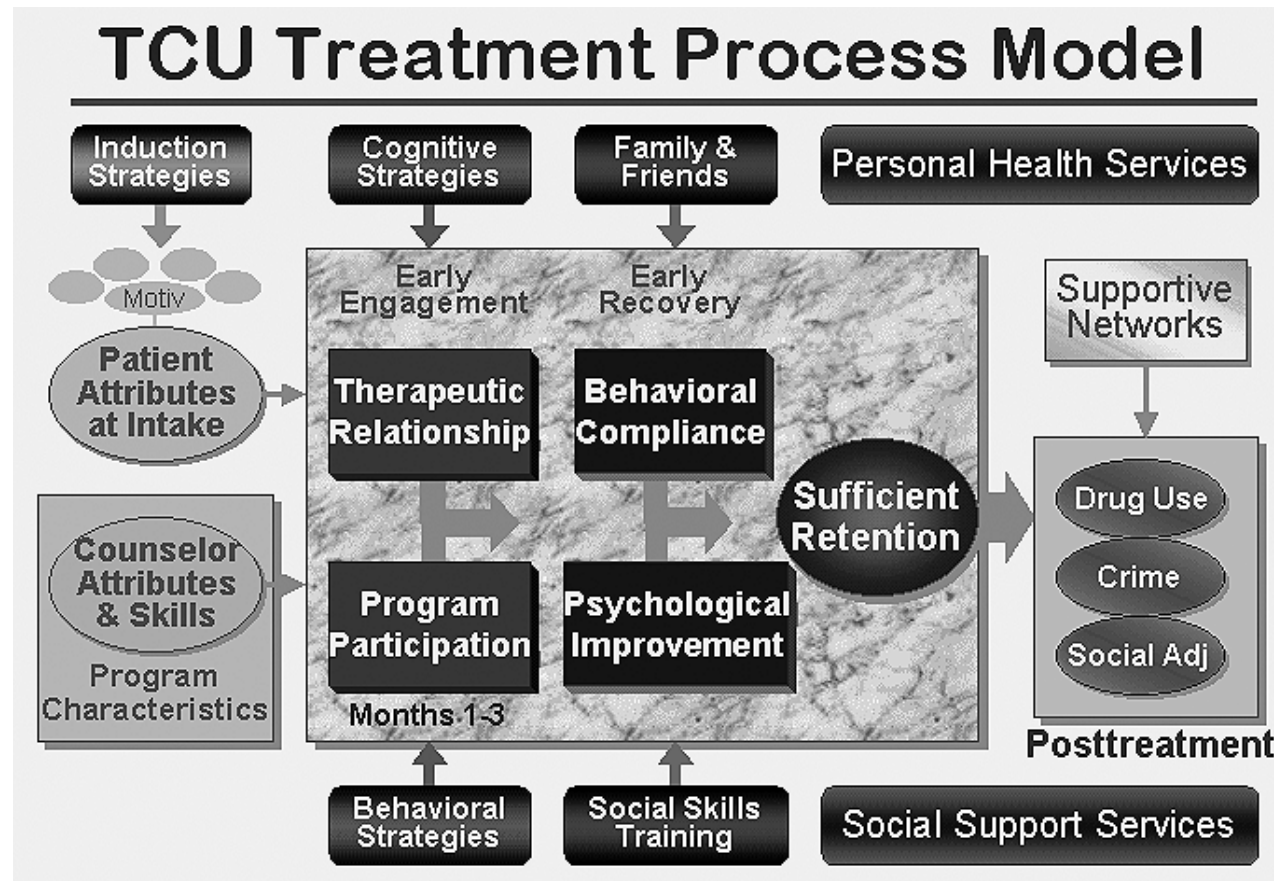


Table from: Simpson, D. D. (2002, September). Understanding clinical processes to improve treatment. *Research Summary: Focus on Treatment Process and Outcomes*, Fort Worth, Texas: Institute for Behavioral Research at Texas Christian University.

Induction (Intake and Assessment)		
EBPs	Description	Source for Information
Addiction Severity Index (ASI)	Many forms (for difference population groups) of this assessment instrument are available to assess the frequency and severity of substance abuse as well as the type and severity of psychosocial problems that typically accompany substance abuse (e.g., medical, legal, family/ social, employment, psychiatric).	http://www.tresearch.org/resources/instruments.htm Note: The Addiction Severity Index (ASI), has been established as the standard assessment tool for alcohol and other addictions (Leonhard et al, 2000). The ASI is an interview that assesses history, frequency, and consequences of alcohol and drug use, as well as five additional domains that are commonly associated with drug use: medical, legal, employment, social/family, and psychological functioning. The higher the score on the ASI indicates a greater need for treatment in each of these areas. The ASI scores can be used to profile patients' problem areas and then plan effective treatment. In a recent study, Makela, K., (2004) reviewed the available literature to determine the reliability and validity of the ASI. The results show that high internal consistencies have been reported for only three of the seven composite scores. The instruments developer(s), McClellan et al (2004) agree with some of the issues raised, though they feel the ASI is still a valid assessment tool. Feedback from ASI users has suggested a major revision is needed and an ASI-6 is currently in development.
ASAM Patient Placement Criteria 2nd Edition-Revised	ASAM Patient Placement Criteria comprise of a system for treatment matching to level of care based on need and is the most widely used and comprehensive national guidelines for placement, continued stay and discharge of patients with alcohol and other drug problems.	<p>The ASAM Patient Placement Criteria for the Treatment of Substance-Related Disorders is an essential tool for use in treatment planning and in working with managed care organizations, and public and private treatment providers. To place an order, contact the ASAM Publications Distribution Center at 1-800-844-8948.</p> <p>It is available at a cost of \$70 for ASAM members and \$85 for nonmembers. Quantity discounts are also available. SHIPPING: 12% for U.S. orders; 15% for Canada. International orders will be billed actual cost.</p>

Note: This inventory represents a point in time (11/05) capture of widely recognized evidence-based programs and practices (EBPs). Some might have been inadvertently missed. This document will be continually updated as existing and new ones become known.

Produced by the Southern Coast Addiction Technology Transfer Center, www.scattc.org

Induction (Intake and Assessment)		
EBPs	Description	Source for Information
Brief Alcohol Screening and Intervention for College Students (BASICS)	<p>Designed to help students make better alcohol-use decisions. BASICS is an alcohol skills training program (ASTP) that aims to reduce harmful consumption and associated problems in students who drink alcohol. Specifically, hazardous drinking behaviors in college students. The key elements underlying the ASTP approach include 1) the application of cognitive-behavioral self-management strategies (based on the relapse prevention model); 2) the use of motivational enhancement techniques; and, 3) the use of harm reduction principles.</p> <p>As a harm reduction approach, BASICS aims to motivate students to reduce risky behaviors rather than focus on a specific drinking goal such as abstinence or reduced drinking. For maximal flexibility, each session is tailored to the client's own risk factors and circumstances, as well as to the severity of the client's abuse or dependence. Also, to minimize program cost, the intervention can be easily modified for implementation by a wide variety of care providers with ranges of clinical experience.</p>	<p>Purchase from: The Guilford Press, 72 Spring Street, New York, NY 10012. URL: http://www.guilford.com. Price per manual is \$30.00</p>
Change Assessment Scale	Assesses the patient's current position on readiness for change (e.g., precontemplation, contemplation, commitment), which may be an important predictor of response to substance abuse treatment).	<p>http://casaa.unm.edu/inst/University%20of%20Rhode%20Island%20Change%20Assessment%20(URICA).pdf Note: The scale is designed to be a continuous measure. Thus, subjects can score high on more than one of the four stages. Because the scale is still being validated, it is only available for research purposes. Therefore, to date there have been no cut-off norms established to determine what constitutes high, medium or low on a particular stage. Again, the stages are considered to be continuous and not discreet.</p>

Note: This inventory represents a point in time (11/05) capture of widely recognized evidence-based programs and practices (EBPs). Some might have been inadvertently missed. This document will be continually updated as existing and new ones become known.

Produced by the Southern Coast Addiction Technology Transfer Center, www.scattc.org

Induction (Intake and Assessment)		
EBPs	Description	Source for Information
Drinker Inventory of Consequences (DrInC)	The DrInC is a self-administered 50-item questionnaire designed to measure adverse consequences of alcohol abuse in five areas: Interpersonal, Physical, Social, Impulsive, and Intrapersonal. Each scale provides a lifetime and past 3-month measure of adverse consequences, and scales can be combined to assess total adverse consequences. Normative data are available for interpretation of client scale scores, and a brief version of the DrInC, the Short Index of Problems (SIP), is available when assessment time is limited.	<p>Volume 4-The Drinker Inventory of Consequences (DrInC)</p> <p>http://pubs.niaaa.nih.gov/publications/Assesing%20Alcohol/InstrumentPDFs/24_DrInC.pdf http://pubs.niaaa.nih.gov/publications/match.htm Cost: \$6.00 per copy cost recovery fee - includes shipping and handling.</p> <p>Presents a psychometric instrument, the Drinker Inventory of Consequences (DrInC), developed in support of Project MATCH to assess the adverse consequences of drinking. Presents the background and rationale for the development of the DrInC, the scale construction and item analysis, its test-retest reliability, test procedures, and the test forms.</p>
Form 90: A Structured Assessment Interview for Drinking and Related Behaviors Test Manual	This publication was originally developed for use in Project MATCH, a multisite clinical trial of three psychological treatments for alcohol abuse and dependence, funded by the National Institute on Alcohol Abuse and Alcoholism. Form 90 is a family of assessment interview instruments designed to provide primary dependent measures of alcohol consumption and related variables. The interviews produce a continuous daily record of drinking and documentation of related variables from a 90-day baseline period through the last followup point.	<p>Volume 5-Form 90: A Structured Assessment Interview for Drinking and Related Behaviors Test Manual</p> <p>http://pubs.niaaa.nih.gov/publications/match.htm Cost: \$6.00 per copy cost recovery fee - includes shipping and handling.</p>

Note: This inventory represents a point in time (11/05) capture of widely recognized evidence-based programs and practices (EBPs). Some might have been inadvertently missed. This document will be continually updated as existing and new ones become known.

Produced by the Southern Coast Addiction Technology Transfer Center, www.scattc.org

Early Engagement		
EBPs	Description	Source for Information
Brief Alcohol Screening and Intervention for College Students (BASICS)	Because this is a combined screening, engagement, intervention, and social skills training tool, it also appears under several other sections of this inventory. See description on page 2.	Purchase from: The Guilford Press, 72 Spring Street, New York, NY 10012. URL: http://www.guilford.com . Price per manual is \$30.00
Cannabis Youth Treatment (CYT)	Designed to adapt 5 promising adolescent treatments for use in clinical practice, and then to field test their effectiveness in the largest randomized experiment ever conducted with adolescent marijuana users seeking outpatient treatment. These treatments vary in terms of length (6 to 14 weeks), mode (individual, group, and family), planned number of sessions (5 to 23), theoretical orientation, and their approach to resource utilization/cost. All approaches have been recommended by expert panels and/or by earlier reviews of treatment research.	All five manuals are available to download free on the Chestnut Health Systems web site, URL: http://www.chestnut.org/LI/cyt/products/index.html#treatment . Print copies can be ordered free from SAMHSA's National Clearinghouse for Alcohol & Drug Information. http://ncadi.samhsa.gov/
Downward Spiral	This is a board game, similar to "Monopoly". Players take on the role of someone who has decided to continue to abuse substances and the subsequent effects to one's health, social support network, and financial/legal situation. The purpose is to enhance a client's motivation and engagement into treatment. It is designed to work in a group setting, making it especially useful in community treatment programs. Clients in substance abuse treatment often have difficulty associating behavior with consequences, complicating both treatment and recovery. This game was developed to assist that process and to encourage motivation and openness to treatment.	Downward Spiral: The Game You Really Don't Want to Play. Forth Worth, TX: TCU Institute of Behavioral Research, 1998. (188 p.) Purchase for \$20 from Chestnut Health Systems, Lighthouse Institute Publications, 702 W. Chestnut Street, Bloomington, IL 61701. TEL: 309-827-6026 FAX: 309-829-4661. URL: http://www.chestnut.org/LI/bookstore/index.html

Note: This inventory represents a point in time (11/05) capture of widely recognized evidence-based programs and practices (EBPs). Some might have been inadvertently missed. This document will be continually updated as existing and new ones become known.

Produced by the Southern Coast Addiction Technology Transfer Center, www.scattc.org

Early Engagement		
EBPs	Description	Source for Information
Mapping New Roads to Recovery	A collection of materials for exploring needs and planning treatment, improving communication, and reviewing treatment progress.	The entire manual or sections are available free: http://www.ibr.tcu.edu/pubs/trtmanual/manuals.html
Mapping New Roads to Recovery: Cognitive Enhancements to Counseling	This self-paced training manual is designed for substance abuse counselors and case workers interested in node-link mapping , a visual representation technique for helping clients improve problem-solving and decision making skills. A step-by-step format is used to explain both the theory and application of node-link mapping for both individual and group counseling. Studies by the authors suggest that incorporation of node-link mapping in counseling enhances client commitment to treatment, counseling efficiency, and therapeutic alliance.	The entire manual or sections are available free: http://www.ibr.tcu.edu/pubs/trtmanual/manuals.html Printed copies of <i>Mapping New Roads to Recovery</i> are available through Lighthouse Institute , a nonprofit division of Chestnut Health Systems in Bloomington, Illinois. Price per manual is \$15, plus \$4 shipping and handling. To order, contact the Lighthouse Publications Web Site , phone toll-free (888) 547-8271, or FAX (309) 829-4661.
Motivational Enhancement Therapy (MET) Also called MET for Problem Drinkers)	Motivational Enhancement Therapy (MET) is a systematic intervention approach for evoking change in problem drinkers. It is based on principles of motivational psychology and is designed to produce rapid, internally motivated change. This treatment employs motivational strategies to mobilize the client's own change resources. MET consists of four carefully planned and individualized treatment sessions. The first two focus on structured feedback from the initial assessment, future plans, and motivation for change. The final two sessions at the midpoint and end of treatment provide opportunities for the therapist to reinforce progress, encourage reassessment, and provide an objective perspective on the process of change. The counselor seeks to develop a discrepancy in the client's perceptions between current behavior and significant personal goal; emphasis is placed on eliciting from clients self-motivational statements of desire for and commitment to change. The working assumption is that intrinsic motivation is a necessary and often sufficient factor in instigating change.	Hundreds of references on MET are available on an annotated bibliography at: http://www.motivationalinterview.org/library/abstractsemp.html TIP 35: Enhancing Motivation for Change in Substance Abuse Treatment available electronically at: http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.chapter.61302 Author's email: wrmiller@unm.edu Volume 2-Motivational Enhancement Therapy Manual , 121 pp. NIH Pub. No. 94-3723. 1994. http://pubs.niaaa.nih.gov/publications/match.htm#ordering Cost: \$6.00 per copy cost recovery fee - includes shipping and handling.

Note: This inventory represents a point in time (11/05) capture of widely recognized evidence-based programs and practices (EBPs). Some might have been inadvertently missed. This document will be continually updated as existing and new ones become known.

Produced by the Southern Coast Addiction Technology Transfer Center, www.scattc.org

Early Engagement		
EBPs	Description	Source for Information
Motivational Interviewing (MI)	Motivational interviewing is a directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence.	Thousands of references are readily available which reference this practice. Many websites are found which talk only of Motivational Interviewing Techniques. An excellent site with multiple links is: http://www.motivationalinterview.org/library/abstractsemp.html . Several manuals are available to accessed on line from http://www.motivationalinterview.org/clinical/METDrugAbuse.PDF Author's email: wrmiller@unm.edu
Preparation for Change	Introduces two card-sorting activities that counselors can use with their clients to help them enrich self-esteem, maintain motivation (The Tower of Strengths), and remember personal goals through quotes (The Weekly Planner). Both activities are meant to be used early in treatment to enhance motivation and encourage openness to treatment.	The entire manual or sections are available free: http://www.ibr.tcu.edu/pubs/trtmanual/manuals.html Printed copies of <i>Preparation for Change</i> are available through Lighthouse Institute , a nonprofit division of Chestnut Health Systems in Bloomington, Illinois. Price per manual is \$15, plus \$4 shipping and handling. To order, contact the Lighthouse Publications Web Site , phone toll-free (888) 547-8271, or FAX (309) 829-4661.
Solution-Focused Brief Therapy	Brief therapy approach developed over the past 20 years at the Brief Family Therapy Center in Milwaukee, WI. Primarily, the model is designed to help clients engage their own unique resources and strengths in solving the problems that bring them into treatment. Because the model stresses that the problem and solution are not necessarily related, the type of drug is not seen as a critical factor in determining differential treatment.	Manual available: Berg, Insoo K; Miller, Scott D. Working with the Problem Drinker: A Solution-Focused Approach. New York: W.W. Norton & Co., 1992, 216p. ISBN: 0393701344, \$27.00. Training is available: Institute for the Study of Therapeutic Change / P.O. Box 578264 / Chicago, IL 60657 URL: http://www.talkingcure.com/

Note: This inventory represents a point in time (11/05) capture of widely recognized evidence-based programs and practices (EBPs). Some might have been inadvertently missed. This document will be continually updated as existing and new ones become known.

Produced by the Southern Coast Addiction Technology Transfer Center, www.scattc.org

Early Engagement		
EBPs	Description	Source for Information
Twelve Step Facilitation Therapy	Manual is available that describes twelve step facilitation therapy in which the overall goal is to facilitate patients' active participation in the fellowship of Alcoholics Anonymous. The therapy regards such active involvement as the primary factor responsible for sustained sobriety ("recovery") and therefore as the desired outcome of participation in this treatment program. This therapy is grounded in the concept of alcoholism as a spiritual and medical disease.	http://www.niaaa.nih.gov/publications/match.htm Cost: \$6.00 per copy (includes shipping and handling).
Buprenorphine Detoxification	The NIDA Center for Clinical Trials Network (CTN) sponsored two clinical trials assessing buprenorphine-naloxone for short-term opioid detoxification. Overall, data from the CTN field experience found that buprenorphine-naloxone is practical and safe for use in diverse community treatment settings, including those with minimal experience providing opioid-based pharmacotherapy and/or medical detoxification for opioid dependence. This protocol is a specific intervention for using buprenorphine to taper opioid addiction over a 13-day period. Training on the use of this protocol and the detox technical manual are available from any of the ATTCs.	http://www.nattc.org - the National ATTC website has links to all ATTCs http://www.scattc.org – Southern Coast ATTC serves Alabama and Florida

Note: This inventory represents a point in time (11/05) capture of widely recognized evidence-based programs and practices (EBPs). Some might have been inadvertently missed. This document will be continually updated as existing and new ones become known.

Produced by the Southern Coast Addiction Technology Transfer Center, www.scattc.org

Behavioral Change/Management		
EBPs	Description	Source for Information
Anger Management for Substance Abuse and Mental Health Clients: A Cognitive Behavioral Therapy Manual/ Workbook	Designed for use by qualified substance abuse and mental health clinicians who work with substance abuse and mental health clients who have concurrent anger problems. Each of the weekly sessions is described in detail with specific instructions for the group leader, tables and figures that illustrate the key conceptual components of the treatment, and homework assignments for the group participants.	Manual site: http://www.scattc.org/pdf_upload/angermanagement1.pdf Workbook Site: http://www.scattc.org/pdf_upload/angermanagement2.pdf Both are public domain and may be downloaded free.
Behavioral Couples (Marital) Therapy	BCT is a couples' therapy that utilizes a sobriety/abstinence contract and behavioral principles to reinforce abstinence from drugs and alcohol. BCT has been studied as an add-on to individual and group cognitive-behavioral treatment, and typically involves 12 weekly couples' sessions lasting approximately 60 minutes each.	These and other BCT manuals can be obtained free by downloading from the Addiction and Families Research Group web site: URL: http://www.addictionandfamily.org or by emailing a request to: devans@addictionandfamily.org <ul style="list-style-type: none"> • Behavioral Couples Therapy for Drug Abuse & Alcoholism: A 12-Session Manual (also available in a 10-session manual) • Brief Behavioral Couples Therapy for Drug Abuse & Alcoholism: A 6-Session Manual • Group Behavioral Couples Therapy for Drug Abuse & Alcohol: A 9-Session Manual • The Facilitators Guide – How to Incorporate Behavioral Couples Therapy into Your Practice

Note: This inventory represents a point in time (11/05) capture of widely recognized evidence-based programs and practices (EBPs). Some might have been inadvertently missed. This document will be continually updated as existing and new ones become known.

Produced by the Southern Coast Addiction Technology Transfer Center, www.scattc.org

Behavioral Change/Management		
EBPs	Description	Source for Information
Behavioral Self-Control Training	<p>This approach used to pursue either abstinence or moderate / non-problematic drinking. It consists of behavioral techniques of goal setting, self-monitoring, and managing consumption, rewarding goal attainment, functionally analyzing drinking situations, and learning alternate coping skills. The client maintains primary responsibility for making decisions throughout the training.</p> <p>BSCT may not be successful for severely dependent alcoholics. If used with a goal of moderation, it is contraindicated for: women who are pregnant or trying to become pregnant; clients who have medical or psychological problems that worsened by any drinking; where abstinence is mandated; and where strong family pressures exist for the client to abstain.</p>	<p>No specific manual. Supporting documentation:</p> <ul style="list-style-type: none"> • Miller, William R.; Munoz, Ricardo F. How to Control Your Drinking: A Practical Guide to Responsible Drinking. Albuquerque: University of New Mexico Press, 1982. (revised ed. in press; email dyao@unm.edu for current information) • Hester, Reid K. Behavioral Self-Control Program for Windows (BSCPWIN). Interactive computer software program available in Therapist of Single User version. URL: http://www.behaviortherapy.com/software.htm. • Robertson I, Heather N. Let's Drink to Your Health: A Self-Help Guide to Sensible Drinking. British Psychological Society, 1986. • Sanchez-Craig, Martha. A Therapist's Manual: Secondary Prevention of Alcohol Problems. Toronto: Addiction Research Foundation, 1996. URL: http://www.camh.net/publications/counselling.html. • Sanchez-Craig, Martha. Saying When: How to Quit Drinking or Cut Down; An A.R.F. Self-Help Book. Toronto: Addiction Research Foundation, 1993. • Sobell, Mark B.; Sobell, Linda C. Problem Drinkers: Guided Self-Change Treatment. (Treatment Manuals for Practitioners) New York: Guilford Press, 1993. URL: http://nova.edu/~gsc • Vogler, Roger E; Bartz, WR. The Better Way to Drink. New York: Simon & Schuster, 1982 (now available from New Harbinger Publications, Oakland, CA)

Note: This inventory represents a point in time (11/05) capture of widely recognized evidence-based programs and practices (EBPs). Some might have been inadvertently missed. This document will be continually updated as existing and new ones become known.

Produced by the Southern Coast Addiction Technology Transfer Center, www.scattc.org

Behavioral Change/Management		
EBPs	Description	Source for Information
Behavioral Therapy for Adolescents	Incorporates the principle that unwanted behavior can be changed by clear demonstration of the desired behavior and consistent reward of incremental steps toward achieving it. Therapeutic activities include fulfilling specific assignments, behavior rehearsal, and recording and reviewing progress. Positive reinforcement is given for meeting assigned goals. Urine samples are collected regularly to monitor drug use. The therapy aims to equip the patient to gain three types of control: Stimulus Control, Urge Control & Social Control. A parent or significant other attends treatment sessions when possible and assists with therapy assignments and reinforcing desired behavior.	<p>There is not a specific manual. Supporting information can be found through the following resources:</p> <ul style="list-style-type: none"> • Azrin NH, Acierno R, Kogan E, Donahue B, Besalel V, McMahon PT. Follow-up results of supportive versus behavioral therapy for illicit drug abuse. <i>Behavioral Research & Therapy</i> 34(1): 41-46, 1996. • Azrin NH, McMahon PT, Donahue B, Besalel V, Lapinski KJ, Kogan E, Acierno R, Galloway E. Behavioral therapy for drug abuse: a controlled treatment outcome study. <i>Behavioral Research & Therapy</i> 32(8): 857-866, 1994. • Azrin NH, Donohue B, Besalel VA, Kogan ES, Acierno R. Youth drug abuse treatment: A controlled outcome study. <i>Journal of Child & Adolescent Substance Abuse</i> 3(3): 1-16, 1994.
Brief Alcohol Screening and Intervention for College Students (BASICS)	Because this is a combined screening, engagement, intervention, and social skills training tool, it also appears under several other sections of this inventory. See description on page 2.	<p>Purchase from: The Guilford Press, 72 Spring Street, New York, NY 10012. URL: http://www.guilford.com. Price per manual is \$30.00</p>

Note: This inventory represents a point in time (11/05) capture of widely recognized evidence-based programs and practices (EBPs). Some might have been inadvertently missed. This document will be continually updated as existing and new ones become known.

Produced by the Southern Coast Addiction Technology Transfer Center, www.scattc.org

Behavioral Change/Management		
EBPs	Description	Source for Information
Brief CBT Intervention for Amphetamine Users	This approach consists of four individual sessions focused on developing skills directed at reducing amphetamine use. Sessions are conducted weekly and last 45-60 minutes. Following an initial assessment, the sessions are, in the following order: motivational interviewing; coping with cravings and lapses; controlling thoughts about amphetamine use and pleasurable activities; amphetamine refusal skills and preparation for future high-risk situations. The manual presents a guide for a four-session intervention. However, the intervention may be offered in either a two- or four-session format, in accordance with individual client needs.	A Brief Cognitive Behavioral Intervention for Regular Amphetamine Users: A Treatment Guide. Baker, Amanda; Kay-Lambkin, Frances; Lee, Nicole K; Claire, Melissa; Jenner, Linda. [Canberra]: Commonwealth of Australia, Department of Health and Ageing, 2003. URL: http://www.nationaldrugstrategy.gov.au/pdf/cognitive.pdf .
Brief Intervention	Targeted at people drinking excessively but not yet experiencing major problems from their consumption. The aim of the intervention is to reduce the risk of future health problems by assisting the drinker in recognizing that they are drinking at levels that could be harmful to their health and encourage them to reduce consumption to reasonable limits. Brief Intervention is designed to be conducted by health professionals- not addiction professionals. The intervention is generally less than 4 sessions, each session lasting from a few minutes to one hour.	Primary care health professionals: 22 page brochure on the NIAAA web site titled <i>Helping Patients With Alcohol Problems: A Health Practitioner's Guide</i> , as well as the companion <i>Pocket Guide: Alcohol Screening and Brief Intervention</i> . Available on-line: URL: http://www.niaaa.nih.gov/publications/Practitioner/HelpingPatients.htm College health clinics: <i>College Drinking Prevention Curriculum for Health Care Providers</i> , Module 3, "Brief Intervention." Developed by NIAAA, available online: URL: http://www.collegedrink prevention.gov/reports/trainingmanual/contents.asp SAMHSA/CSAT TIP 34: <i>Brief Interventions and Brief Therapies for Substance Abuse</i> – can be accessed electronically free at: http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.chapter.59192

Note: This inventory represents a point in time (11/05) capture of widely recognized evidence-based programs and practices (EBPs). Some might have been inadvertently missed. This document will be continually updated as existing and new ones become known.

Produced by the Southern Coast Addiction Technology Transfer Center, www.scattc.org

Behavioral Change/Management		
EBPs	Description	Source for Information
Brief Strategic Family Therapy (BSFT)	This is a brief intervention used to treat adolescent drug use that occurs in conjunction with other problem behaviors. These behaviors include things such as conduct problems at home and at school, oppositional behavior, and delinquency, associating with antisocial peers, aggressive and violent behavior, and risky sexual behavior. Family interactions that are thought to maintain or exacerbate adolescent drug abuse and other behavioral problems are targeted. Treatment typically involves 12 to 24 sessions, each 90 minutes in length, for 4 months. Additionally, there may be up to 8 "booster" sessions. The number of sessions needed depends on the severity of the problem.	Available from NIDA online: URL: http://www.drugabuse.gov/TXManuals/bsft/BSFTIndex.html
Cannabis Youth Treatment (CYT)	This model has also been successfully utilized to enhance engagement in treatment and is described under the Engagement section on page 4.	All five manuals are available to download free on the Chestnut Health Systems web site, URL: http://www.chestnut.org/LI/cyt/products/index.html#treatment . Print copies can be ordered free from SAMHSA's National Clearinghouse for Alcohol & Drug Information. http://ncadi.samhsa.gov/
Cognitive-Behavioral Coping Skills Therapy	Describes cognitive-behavioral coping skills therapy, which is based on the principles of social learning theory and views drinking behavior as functionally related to major problems in the patient's life. Emphasis is placed on overcoming skill deficits and increasing the patient's ability to cope with high-risk situations that commonly precipitate relapse. The program consists of 12 sessions aimed at training the patient to use active behavioral or cognitive coping methods to deal with problems rather than relying on alcohol as a maladaptive coping strategy.	http://pubs.niaaa.nih.gov/publications/match.htm Manual Cost: \$6.00 per copy (includes shipping and handling).

Note: This inventory represents a point in time (11/05) capture of widely recognized evidence-based programs and practices (EBPs). Some might have been inadvertently missed. This document will be continually updated as existing and new ones become known.

Produced by the Southern Coast Addiction Technology Transfer Center, www.scattc.org

Behavioral Change/Management		
EBPs	Description	Source for Information
Cognitive Behavioral Therapy: Treating Cocaine Addiction	<p>Cognitive-behavioral coping skills treatment (CBT) is a short-term, focused approach to helping cocaine-dependent individuals become abstinent from cocaine and other substances. This manual describes a sequence of sessions to be delivered to patients; each focuses on a single or related set of skills (e.g., craving, coping with emergencies). The order of presentation of these skills has evolved with experience with the types of problems most often presented by cocaine-abusing patients coming into treatment.</p> <p>Early sessions focus on the fundamental skills of addressing ambivalence and fostering motivation to stop cocaine abuse, helping the patient deal with issues of drug availability and craving, and other skills intended to help the patient achieve initial abstinence or control over use. Later sessions build on these basic skills to help the patient achieve stronger control over cocaine abuse by working on more complex topics and skills (problem-solving, addressing subtle emotional or cognitive states).</p>	<p>This manual can be downloaded at the following website: www.drugabuse.gov/TXManuals/CBT/CBT1/html</p> <p>It is a public domain document.</p>
Combined Behavioral & Nicotine Replacement Therapy	<p>Combines two main components: a behavioral treatment and a pharmacological treatment consisting of nicotine replacement therapy. Combined treatment is based on the rationale that behavioral and pharmacological treatments operate by different yet complementary mechanisms. Nicotine replacement therapy reduces symptoms of withdrawal, producing better initial abstinence, while the behavioral therapy concurrently provides support and reinforcement of coping skills, yielding better long-term abstinence.</p>	<p>U.S. Department of Health and Human Services, Public Health Services. Treating tobacco use and dependence. Rockville (MD): U.S. Department of Health and Human Services, Public Health Service; 2000 Jun. 197 p. [311 references]</p> <p>AVAILABILITY: Print copies: Available by calling (800) 358-9295 or electronically at URL: http://www.surgeongeneral.gov. Available online: URL: http://www.guideline.gov/summary/summary.aspx?doc_id=2360&nbr=1586&string=tobacco.</p>

Note: This inventory represents a point in time (11/05) capture of widely recognized evidence-based programs and practices (EBPs). Some might have been inadvertently missed. This document will be continually updated as existing and new ones become known.

Produced by the Southern Coast Addiction Technology Transfer Center, www.scattc.org

Behavioral Change/Management		
EBPs	Description	Source for Information
Combined Behavioral Intervention Manual: A Clinical Research Guide for Therapists Treating People With Alcohol Abuse and Dependence	Highlights the use of Combined Behavioral Intervention, an intensive treatment that combines several successful features from previously evaluated interventions. It is suitable for delivery by trained psychotherapists working in specialized alcoholism treatment facilities.	http://pubs.niaaa.nih.gov/publications/COMBINE.htm <i>There is a fee for ordering these manuals Vol.1 \$10.00</i>
Combined Scheduled Reduced Smoking & CBT	Combines two main components: a behavioral treatment and a pharmacological treatment consisting of nicotine replacement therapy. Combined treatment is based on the rationale that behavioral and pharmacological treatments operate by different yet complementary mechanisms. Nicotine replacement therapy reduces symptoms of withdrawal, producing better initial abstinence, while the behavioral therapy concurrently provides support and reinforcement of coping skills, yielding better long-term abstinence.	U.S. Department of Health and Human Services, Public Health Services. Treating tobacco use and dependence. Rockville (MD): U.S. Department of Health and Human Services, Public Health Service; 2000 Jun. 197 p. [311 references] AVAILABILITY: Print copies: Available by calling (800) 358-9295 or electronically at URL: http://www.surgeongeneral.gov . Available online: URL: http://www.guideline.gov/summary/summary.aspx?doc_id=2360&nbr=1586&string=tobacco .
Community Reinforcement Approach (CRA) with Vouchers	Stephen Higgins and colleagues at the University of Vermont paired Community Reinforcement Approach (CRA), an individual counseling approach originally developed for alcoholism, with Contingency Management (CM) in the form of a voucher program to produce the CRA with Vouchers intervention. The alcoholism CRA included a Job Club, Marital Counseling, Social Skills/Relapse Prevention training and Disulfiram (Antabuse). This CRA component consisted of twice weekly hour-long individual counseling sessions during weeks 1-12 weeks and once weekly sessions of the same duration for weeks 13-24.	A Community Reinforcement Plus Vouchers Approach: Treating Cocaine Addiction. (NIDA Therapy Manuals for Drug Addiction No. 2; NIH publication no. 98-4309) Rockville: National Institute on Drug Abuse, April 1998. Available to download free from NIDA online: http://www.drugabuse.gov/TXManuals/CRA/CRA1.html

Note: This inventory represents a point in time (11/05) capture of widely recognized evidence-based programs and practices (EBPs). Some might have been inadvertently missed. This document will be continually updated as existing and new ones become known.

Produced by the Southern Coast Addiction Technology Transfer Center, www.scattc.org

Behavioral Change/Management		
EBPs	Description	Source for Information
Contingency Management without CRA	<p>Following Higgins' success with a community reinforcement approach with cocaine users, researchers in Baltimore examined the utility of voucher programs with methadone-maintained cocaine-abusing patients. In one study (Silverman et al, 1996), methadone maintenance patients who used cocaine regularly during the first 5 weeks of treatment were randomly assigned to either standard treatment (50 mgs methadone daily, 50 minutes of counseling per week) plus vouchers not contingent on abstinence (i.e., randomly yoked in amount to the abstinent contingent group) or standard treatment plus an abstinent contingent voucher program for 12 weeks. In the abstinent contingent voucher group, clients received \$2.50 for their first cocaine-free urine and thereafter the value increased by \$1.50 for each consecutive cocaine-free urine. Cocaine positive urines reset potential earnings for the next voucher to \$2.50. The amount earned by each group did not differ significantly. The abstinent contingent group averaged approximately \$425. The abstinent contingent voucher group gave cocaine positive urines approximately 40% less often than the random voucher group suggesting this approach is efficacious for treating cocaine use in a methadone-maintained population.</p>	<p>No specific manual. Supportive documentation:</p> <ol style="list-style-type: none"> 1. Silverman K, Higgins ST, Brooner RK, Montoya ID, Cone EJ, Schuster CR, Preston KL. (1996). Sustained cocaine abstinence in methadone maintenance patients through voucher-based reinforcement therapy. <i>Archives of General Psychiatry</i>, 53, 409-415. 2. Silverman K, Wong CJ, Higgins ST, Brooner RK, Montoya ID, Contoreggi C, Umbricht-Schneiter A, Schuster CR, Preston KL. (1996). Increasing opiate abstinence through voucher-based reinforcement therapy. <i>Drug and Alcohol Dependence</i>, 41, 157-165. 3. Silverman K, Wong CJ, Umbricht-Schneiter A, Montoya ID, Schuster CR, Preston KL. (1998). Broad beneficial effects of cocaine abstinence reinforcement among methadone patients. <i>Journal of Consulting and Clinical Psychology</i>, 66, 811-24.

Note: This inventory represents a point in time (11/05) capture of widely recognized evidence-based programs and practices (EBPs). Some might have been inadvertently missed. This document will be continually updated as existing and new ones become known.

Produced by the Southern Coast Addiction Technology Transfer Center, www.scattc.org

Behavioral Change/Management		
EBPs	Description	Source for Information
Day Treatment with Abstinence Contingencies and Vouchers	Developed to treat homeless crack addicts. For the first 2 months, participants must spend 5.5 hours daily in the program, which provides lunch and transportation to and from shelters. Interventions include individual assessment and goal setting, individual and group counseling, multiple psycho-educational groups and community meetings during which patients review contract goals and provide support and encouragement to each other. Individual counseling occurs once a week, and group therapy sessions are held three times a week. After 2 months of day treatment and at least 2 weeks of abstinence, participants graduate to a 4-month work component that pays wages that can be used to rent inexpensive, drug-free housing. A voucher system also rewards drug-free related social and recreational activities.	No specific manual. Supportive Documentation: <ol style="list-style-type: none"> 1. Milby JB, Schumacher JE, Raczyński JM, Caldwell E, Engle M, Michael M, Carr J. Sufficient conditions for effective treatment of substance abusing homeless. <i>Drug & Alcohol Dependence</i> 43: 39-47, 1996. 2. Milby JB, Schumacher JE, McNamara C, Wallace D, McGill T, Stange D, Michael M. Abstinence contingent housing enhances day treatment for homeless cocaine abusers. <i>National Institute on Drug Abuse Research Monograph Series 174, Problems of Drug Dependence: Proceedings of the 58th Annual Scientific Meeting</i>. The College on Problems of Drug Dependence, Inc., 1996.
Dialectical Behavior Therapy (DBT)	Applies a broad array of cognitive and behavior therapy strategies to the problems of Borderline Personality Disorder (BPD), including suicidal behaviors. Emotion regulation, interpersonal effectiveness, distress tolerance, core mindfulness, and self-management skills are actively taught. In all modes of treatment, the application of these skills is encouraged and coached.	No specific manual available for using DBT in substance abuse treatment. The essential reference for DBT is: Linehan's "Cognitive-Behavioral Treatment of Borderline Personality Disorder," Guilford Press, 1993. (\$58.00) ISBN: 0898620341. Some materials about using DBT for substance abuse treatment are available to download from the Behavioral Tech web site: URL: http://behavioraltech.com

Note: This inventory represents a point in time (11/05) capture of widely recognized evidence-based programs and practices (EBPs). Some might have been inadvertently missed. This document will be continually updated as existing and new ones become known.

Produced by the Southern Coast Addiction Technology Transfer Center, www.scattc.org

Behavioral Change/Management		
EBPs	Description	Source for Information
Family Support Network (FSN) for Adolescent Cannabis Users	<p>This intervention seeks to extend the focus of treatment beyond the world of the adolescent by engaging the family, a major system in his or her life. FSN consists of several components, each designed to achieve specific objectives:</p> <ul style="list-style-type: none"> • Case management • Six parent education (PE) groups • Three or four in-home family therapy sessions. <p>The FSN process is a family intervention designed to be used in conjunction with any standard adolescent treatment approach.</p>	<p>Family Support Network for Adolescent Cannabis Users, Cannabis Youth Treatment (CYT) Series, Volume 3. (DHHS Pub. No. (SMA) 01-3488.) Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, 2001.</p> <p>Order from the National Clearinghouse for Alcohol and Drug Information at 1-800-729-6686 or 1-800-487-4889 (TDD)</p> <p>Download from the SAMHSA KAP web site, URL: http://kap.samhsa.gov/products/manuals/cyt/index.htm.</p>
Holistic Harm Reduction Program (HHRP+)	<p>HHRP is a 12-session, manual-guided, group level program to reduce harm, promote health, and improve quality of life of HIV positive intravenous drug users. The primary goal of HHRP is to provide group members with the resources (i.e., knowledge, motivation, and skills) they need to make choices that reduce harm to themselves and others. The efficacy of HHRP+ has been demonstrated in a randomized clinical trial in which patients assigned to HHRP+ showed significantly better outcomes compared to patients assigned to receive the NIDA HIV Counseling and Education Intervention Model. The program is based on the Information, Motivation, and Behavior (IMB) model of behavior change. HHRP+ also addresses medical, emotional, and social problems that may impede harm reduction behaviors. A brief Agency Self-Assessment Readiness Tool is available to assist agencies to determine if they currently possess the capacity, or can build the capacity, to adopt and implement the intervention. URL: http://www.effectiveinterventions.org/documents/HHRP.cfm</p>	<p>Manuals and workbooks are free distribution only. Otherwise, all rights reserved. The entire HHRP+ Counselor's Manual can be downloaded as Adobe PDF files (for the script for counselors and the client handouts) and as MS PowerPoint files (for the visual presentation included in each HHRP+ group). URL: http://info.med.yale.edu/psych/3s/HHRP+_manual.html.</p>

Note: This inventory represents a point in time (11/05) capture of widely recognized evidence-based programs and practices (EBPs). Some might have been inadvertently missed. This document will be continually updated as existing and new ones become known.

Produced by the Southern Coast Addiction Technology Transfer Center, www.scattc.org

Behavioral Change/Management		
EBPs	Description	Source for Information
Individual Drug Counseling to Treat Cocaine Addiction	<p>Individual 12-step drug counseling focuses on the symptoms of drug addiction and related areas of impaired functioning and the content and structure of the patient's ongoing recovery program. This model of counseling is time limited and emphasizes behavioral change. It gives the patient coping strategies and tools for recovery and promotes 12-step ideology and participation. The primary goal of addiction counseling is to assist the addict in achieving and maintaining abstinence from addictive chemicals and behaviors. The secondary goal is to help the addict recover from the damage the addiction has caused in his or her life. IDC is planned to span 6 months and offer 36 sessions (approximately 45 minutes each) during the active treatment phase and then provide once-a-month follow-up sessions for 3 months.</p> <p>This model can be viewed as a component within a comprehensive outpatient treatment program for cocaine addiction. Alternatively, the model can be offered independently of other treatments (i.e., in private practice) and referrals can be made for any additional services as needed.</p>	<p>NIDA Manual 3 - An Individual Drug Counseling Approach to Treat Cocaine Addiction: The Collaborative Cocaine Treatment Study Manual (NIDA Therapy manuals for drug addiction no. 3 NIH publication no. 99-4380) Bethesda: National Institute on Drug Abuse, September 1999.</p> <p>NIDA online: URL: http://www.drugabuse.gov.</p>

Note: This inventory represents a point in time (11/05) capture of widely recognized evidence-based programs and practices (EBPs). Some might have been inadvertently missed. This document will be continually updated as existing and new ones become known.

Produced by the Southern Coast Addiction Technology Transfer Center, www.scattc.org

Behavioral Change/Management		
EBPs	Description	Source for Information
Lower-Cost Contingency Management (LCCM)	Because of concerns with the sustainability of existing contingency management programs, Nancy Petry and colleagues at the University of Connecticut developed an approach to treating alcohol abuse known as Lower-Cost Contingency Management (LCCM). This approach takes advantage of the fact that people will work for the chance to win a tangible prize intermittently. In Petry's first study (Petry, et al 2000) participants earned the opportunity to draw from a bowl and win prizes ranging from \$1 to \$ 100 in value for submitting alcohol free breath samples. In a second study (Petry, et al 2002) cocaine and heroin dependent participants were randomly assigned to abstinent contingent prizes or standard care (methadone maintenance). In the abstinent contingent prize group, participants submitted urine samples negative for cocaine and opioids in exchange for a chance to draw for prizes of various values from the bowl. Prizes ranged in value from \$1-\$100. The value of prizes earned on average was \$137.00. Patients in the prize group condition achieved longer durations of continuous abstinence than patients in the standard treatment condition, and these effects were maintained throughout a 6-month follow-up period. NIDA is currently funding a multi-site study of a modified version of this approach in the National Clinical Trials Network.	No manual identified. Instead, see: Petry, N.M. (2000). A comprehensive guide for the application of contingency management procedures in standard clinic settings. <i>Drug & Alcohol Dependence</i> , 58, 9-25. This paper provides practical advice and a guideline for clinicians and researchers to use when designing and administering contingency management interventions. The recommendations are based on empirically validated manipulations
Matrix Intensive Outpatient Program for the Treatment of Stimulant Abuse	Provides a framework for engaging stimulant abusers in treatment and helping them achieve abstinence. Patients learn about issues critical to addiction and relapse, receive direction and support from a trained therapist, become familiar with self-help programs, and are monitored for drug use by urine testing. The program includes education for family members affected by the addiction.	Therapist and patient manuals are available. The manuals can be purchased from the Matrix Institute. (\$25 - \$60) URL: http://www.matrixinstitute.org/Intensive%20Outpatient%20Manuals.htm

Note: This inventory represents a point in time (11/05) capture of widely recognized evidence-based programs and practices (EBPs). Some might have been inadvertently missed. This document will be continually updated as existing and new ones become known.

Produced by the Southern Coast Addiction Technology Transfer Center, www.scattc.org

Behavioral Change/Management		
EBPs	Description	Source for Information
Medical Management Treatment Manual: A Clinical Research Guide for Medically Trained Clinicians Providing Pharmacotherapy as Part of the Treatment for Alcohol Dependence	Describes the use of medical management and brief counseling sessions to enhance medication adherence and abstinence from alcohol. This brief session therapy might be suitable for delivery in primary care settings.	http://pubs.niaaa.nih.gov/publications/COMBINE.htm <i>There is a fee for ordering these manuals Vol 2 \$6.00</i>
Methadone Maintenance Treatment	Methadone is an opiate agonist. When used in maintenance, it is usually dispensed in a liquid oral solution by Opiate Treatment Programs (OTP). OTP's are regulated by OMHAS, CSAT, and the DEA. They are required by CSAT to maintain accreditation, many methadone programs in states are also accredited through CARF. In "good" treatment programs using adequate doses (80 to 150mg/d), voluntary retention in treatment at one year is 50-80%; continuing use of illicit heroin is 5-20%. (Kreek & Vocci, 2002)	Six studies met the criteria for inclusion in this review, all were randomized clinical trials, and two were double blind. There were a total number of 954 participants. Reviewers' conclusions: <i>Methadone is an effective maintenance therapy intervention for the treatment of heroin dependence as it retains patients in treatment and decreases heroin use better than treatments that do not utilize opioid replacement therapy. It does not show a statistically significant superior effect on criminal activity.</i> <i>SAMHSA/CSAT TIP 43: Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs</i> Free electronic copy at: http://ncadi.samhsa.gov/media/Prevline/pdfs/bkd524.pdf

Note: This inventory represents a point in time (11/05) capture of widely recognized evidence-based programs and practices (EBPs). Some might have been inadvertently missed. This document will be continually updated as existing and new ones become known.

Produced by the Southern Coast Addiction Technology Transfer Center, www.scattc.org

Behavioral Change/Management		
EBPs	Description	Source for Information
Motivational Enhancement Therapy and Cognitive Behavioral Therapy for Adolescent Cannabis Users	<p>CYT Vol. 1: MET/CBT5 - This is a five-session treatment composed of two individual sessions of Motivational Enhancement Therapy (MET) and three weekly group sessions of Cognitive-Behavioral Therapy (CBT). The MET sessions focus on factors that motivate participants who abuse substances to change. Participants learn skills to cope with problems and meet needs in ways that do not involve turning to marijuana or alcohol. To be conducted in all four sites, this treatment is designed to be inexpensive and in line with what many parents and insurers are seeking as a basic intervention.</p> <p>CYT Vol. 2: MET/CBT12 - This treatment is composed of two sessions of MET and ten weekly group sessions of CBT. This treatment is designed to provide more of the same kind of treatment as MET/CBT5 to test for dosage effects and is more in line with what many providers try to provide.</p>	<p>AVAILABILITY: While supplies last, hard copies of the CYT treatment manuals are available for free from the National Clearinghouse for Alcohol and Drug Information (NCADI) at http://www.health.org, or by calling 1-800-729-6686 or 1-800-487-4889 (TDD). The manuals can also be downloaded from the Chestnut Health Systems web site: URL: http://www.chestnut.org/LI/cyt/products/index.html#treatment.</p>
Relapse Prevention Therapy	Individuals learn to identify and correct problematic behaviors. RPT encompasses several cognitive-behavioral strategies that facilitate abstinence as well as provide help for people who experience relapse.	<p>Clinical Guidelines for Implementing Relapse Prevention Therapy. Illinois: The Behavioral Health Recovery Management Project.</p> <p>Download free: http://www.bhrm.org/guidelines/RPT%20guideline.pdf.</p>
Seeking Safety: A Psychotherapy for Trauma/PTSD and Substance Abuse	Present-focused therapy to help people attain safety from co-occurring PTSD and substance abuse. The treatment is available as a book, providing both client handouts and guidance for clinicians. The treatment was designed for flexible use. It has been conducted in group and individual format; for women, men, and mixed-gender; using all topics or fewer topics; in a variety of settings (e.g., outpatient, inpatient, residential); and for both substance abuse and dependence. It has also been used with people who have a trauma history, but do not meet criteria for PTSD. Seeking Safety consists of 25 topics that can be conducted in any order.	<p>Ordered from the Seeking Safety web site: http://www.seekingsafety.org/ for \$18.95.</p> <p>The web site lists other sources for ordering it as well.</p> <p>(Discounts for multiple copies are available from Guilford Press (1-800-365-7006, extension 223).</p>

Note: This inventory represents a point in time (11/05) capture of widely recognized evidence-based programs and practices (EBPs). Some might have been inadvertently missed. This document will be continually updated as existing and new ones become known.

Produced by the Southern Coast Addiction Technology Transfer Center, www.scattc.org

Behavioral Change/Management		
EBPs	Description	Source for Information
TCU Guide Maps: A Resource for Counselors	The manual is a compilation of structured guide maps that have been used successfully with probationers in residential treatment programs. Over 50 map templates are included for use in both individual and group counseling settings covering a variety of recovery issues such as self-esteem, goal setting, managing feelings, getting along with others, health issues, and problem solving.	The entire manual or sections are available free: http://www.ibr.tcu.edu/pubs/trtmanual/manuals.html Printed copies of <i>TCU Guide Maps</i> are available through Lighthouse Institute , a nonprofit division of Chestnut Health Systems in Bloomington, Illinois. Price per manual is \$25, plus \$5 shipping and handling. To order, contact the Lighthouse Publications Web Site , phone toll-free (888) 547-8271, or FAX (309) 829-4661.
The Group Drug Counseling for Cocaine Addiction: The Collaborative Cocaine Treatment Study Model	Includes an initial stabilization/detoxification period and 24 group therapy sessions during a six-month period. Group treatment is provided in two phases, coinciding approximately with clients' needs in recovery, although individuals progress at their own pace. The treatment groups have a rolling admissions policy, i.e., a client may enter the group at any session because a single recovery topic is covered completely within each session during Phase I.	Drug Counseling for Cocaine Addiction: The collaborative Cocaine Treatment Study Model (NIDA Therapy Manuals for Drug Addiction no. 4; NIH publication no. 02-4381) Bethesda: National Institute on Drug Abuse, September 2002. AVAILABILITY: Download from NIDA web site, URL: http://www.drugabuse.gov .
Treating Tobacco Use and Dependence: Clinical Practice Guideline	This guideline was written to be relevant to all tobacco users - those using cigarettes as well as other forms of tobacco. Tobacco dependence is a chronic condition that often requires repeated intervention. However, effective treatments exist that can produce long-term or even permanent abstinence.	This guideline is available in several formats suitable for health care practitioners, the scientific community, educators, and consumers. The "Clinical Practice Guideline" presents recommendations for health care providers with brief supporting information, tables and figures, and pertinent references. The "Quick Reference Guide" is a distilled version of the clinical practice guideline, with summary points for ready reference on a day-to-day basis. The "Consumer Version" is an information booklet for the general public to increase consumer knowledge and involvement in health care decision-making. Full text versions of all three documents are available on the Surgeon General's web site: URL: http://www.surgeongeneral.gov/tobacco/default.htm .

Note: This inventory represents a point in time (11/05) capture of widely recognized evidence-based programs and practices (EBPs). Some might have been inadvertently missed. This document will be continually updated as existing and new ones become known.

Produced by the Southern Coast Addiction Technology Transfer Center, www.scattc.org

Social Skills Training		
EBPs	Description	Source for Information
Brief Alcohol Screening and Intervention for College Students (BASICS)	Because this is a combined screening, engagement, intervention, and social skills training tool, it also appears under several other sections of this inventory. See description on page 2.	Purchase from: The Guilford Press, 72 Spring Street, New York, NY 10012. URL: http://www.guilford.com . Price per manual is \$30.00
Brief CBT Intervention for Amphetamine Users	This model has also been proven effective with behavior change and management and is described on page 11 of this inventory.	URL: http://www.nationaldrugstrategy.gov.au/pdf/cognitive.pdf .
Cognitive-Behavioral Coping Skills Therapy Manual	This model has also been proven effective with behavior change and management and is described on page 12 of this inventory.	http://pubs.niaaa.nih.gov/publications/mat ch.htm Cost: \$6.00 per copy cost recovery fee - includes shipping and handling.
TCU Guide Maps: A Resource for Counselors	This model has also been proven effective with behavior change and management and is described on page 22 of this inventory.	The entire manual or sections are available free: http://www.ibr.tcu.edu/pubs/trtmanual/manuals.html
Buprenorphine Treatment	Buprenorphine is the latest medication for use in the treatment of opioid addiction. Outcome measures of illicit opioid use, retention in treatment, and assessment for adverse events have shown that buprenorphine treatment reduces opioid use, retains patients in treatment, has few side effects, and is acceptable to most patients (SAMHSA TIP #40). Under the provisions of DATA 2000, qualifying physicians must obtain a waiver from the special registration requirements in the Narcotic Addict Treatment Act of 1974, and its enabling regulations, to treat opioid addiction with Schedule III, IV, and V opioid medications that have been specifically approved by FDA for that indication, and to prescribe and/or dispense these medications in treatment settings other than licensed OTPs, including in office-based settings.	SAMHSA has available a Treatment Improvement Protocol (TIP) 40, the first clinical practice consensus guide (for physicians) produced on the use of buprenorphine for the treatment of patients addicted or dependent on heroin or prescription pain medications. This TIP is available at: http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.chapter.72248

Note: This inventory represents a point in time (11/05) capture of widely recognized evidence-based programs and practices (EBPs). Some might have been inadvertently missed. This document will be continually updated as existing and new ones become known.

Produced by the Southern Coast Addiction Technology Transfer Center, www.scattc.org

Social Skills Training		
EBPs	Description	Source for Information
Time Out! For Me! An Assertiveness and Sexuality Workshop for Men	The Time Out! series consists of separate manuals for leading women-only and men-only workshops that address the sensitive topics of relationships, sexuality, and intimacy. Provides substance abuse counselors or case workers with a curriculum for leading a 6-session workshop for women in their treatment programs. Issues addressed include sexuality, gender stereotypes, self-esteem, assertiveness skills, and reproductive health. The structured format for the workshop includes information sharing, discussion, exercises and activities, and role play. The manual provides a comprehensive reference section on human sexuality, a resource directory, and handout materials for participants. Studies by the authors suggest that this intervention increases knowledge, self-esteem, and treatment tenure.	The entire manual or sections are available free: http://www.ibr.tcu.edu/pubs/trtmanual/manuals.html Printed copies of Time Out! For Me are available through Lighthouse Institute , a nonprofit division of Chestnut Health Systems in Bloomington, Illinois. Price per manual is \$19, plus \$4 shipping and handling. To order, contact the Lighthouse Publications Web Site , phone toll-free (888) 547-8271, or FAX (309) 829-4661.
Time Out! For Me! An Assertiveness and Sexuality Workshop for Women	The Time Out! series consists of separate manuals for leading women-only and men-only workshops that address the sensitive topics of relationships, sexuality, and intimacy. Provides substance abuse counselors or case workers with a curriculum for leading a 6-session workshop for women in their treatment programs. Issues addressed include sexuality, gender stereotypes, self-esteem, assertiveness skills, and reproductive health. The structured format for the workshop includes information sharing, discussion, exercises and activities, and role play. The manual provides a comprehensive reference section on human sexuality, a resource directory, and handout materials for participants. Studies by the authors suggest that this intervention increases knowledge, self-esteem, and treatment tenure.	The entire manual or sections are available free: http://www.ibr.tcu.edu/pubs/trtmanual/manuals.html Printed copies of Time Out! For Me are available through Lighthouse Institute , a nonprofit division of Chestnut Health Systems in Bloomington, Illinois. Price per manual is \$19, plus \$4 shipping and handling. To order, contact the Lighthouse Publications Web Site , phone toll-free (888) 547-8271, or FAX (309) 829-4661.

Note: This inventory represents a point in time (11/05) capture of widely recognized evidence-based programs and practices (EBPs). Some might have been inadvertently missed. This document will be continually updated as existing and new ones become known.

Produced by the Southern Coast Addiction Technology Transfer Center, www.scattc.org

Psycho Social Services		
EBPs	Description	Source for Information
Cognitive-Behavioral Coping Skills Therapy Manual	This model has also been proven effective with behavior change and management and is described on page 12 of this inventory.	http://pubs.niaaa.nih.gov/publications/match.htm Cost: \$6.00 per copy cost recovery fee - includes shipping and handling.
Motivational Enhancement Therapy Manual	This practice is listed and described under the Engagement section of this inventory. See page 5.	Volume 2-Motivational Enhancement Therapy Manual , 121 pp. NIH Pub. No. 94-3723. 1994. http://pubs.niaaa.nih.gov/publications/match.htm#ordering Cost: \$6.00 per copy cost recovery fee - includes shipping and handling.
Supportive-Expressive Psychotherapy	Time-limited, focused psychotherapy that has been adapted for heroin- and cocaine-addicted individuals. The therapy has two main components: Supportive techniques to help patients feel comfortable in discussing their personal experiences & expressive techniques to help patients identify and work through interpersonal relationship issues. Focus is given to the role of drugs in relation to problem feelings and behaviors, and how problems may be solved without using to drugs.	Luborsky, L. Principles of Psychoanalytic Psychotherapy: A Manual for Supportive-Expressive (SE) Treatment. New York: Basic Books, 2000. Purchase from Basic Books (\$27).
TCU Guide Maps: A Resource for Counselors	This model has also been proven effective with behavior change and management and is described on page 22 of this inventory.	The entire manual or sections are available free: http://www.ibr.tcu.edu/pubs/trtmanual/manuals.html

Note: This inventory represents a point in time (11/05) capture of widely recognized evidence-based programs and practices (EBPs). Some might have been inadvertently missed. This document will be continually updated as existing and new ones become known.

Produced by the Southern Coast Addiction Technology Transfer Center, www.scattc.org

Personal Health Services		
EBPs	Description	Source for Information
Approaches to HIV/AIDS Education in Drug Treatment	This is an easy-to-follow manual designed to assist counselors in leading educational groups on HIV/AIDS. The manual offers a 4-session core curriculum that addresses HIV transmission, safer sex and injection practices, HIV testing, and personal risk reduction. Stand-alone teaching outlines also are provided for additional creative exercises and activities that promote HIV/AIDS awareness and prevention.	The entire manual or sections are available free: http://www.ibr.tcu.edu/pubs/trtmanual/manuals.html Printed copies of <i>Approaches to HIV/AIDS Education in Drug Treatment</i> are available through Lighthouse Institute , a nonprofit division of Chestnut Health Systems in Bloomington, Illinois. Price per manual is \$17, plus \$5 shipping and handling. To order, contact the Lighthouse Publications Web Site , phone toll-free (888) 547-8271, or FAX (309) 829-4661.

Note: This inventory represents a point in time (11/05) capture of widely recognized evidence-based programs and practices (EBPs). Some might have been inadvertently missed. This document will be continually updated as existing and new ones become known.

Produced by the Southern Coast Addiction Technology Transfer Center, www.scattc.org

Family and Friends		
EBPs	Description	Source for Information
Behavioral Couples (Marital) Therapy	BCT is also described on page 8 of this inventory.	These and other BCT manuals can be obtained free by downloading from the Addiction and Families Research Group web site: URL: http://www.addictionandfamily.org or by emailing a request to: devans@addictionandfamily.org
Brief Strategic Family Therapy (BSFT)	This model has also been successfully utilized for behavioral change and management. See page 12 for information about this model.	Available from NIDA online: URL: http://www.drugabuse.gov/TXManuals/bsft/BSFTIndex.html
Family Support Network (FSN) for Adolescent Cannabis Users	This model has also been proven effective with behavior change and management and is described on page 17 of this inventory.	Download from the SAMHSA KAP web site, URL: http://kap.samhsa.gov/products/manuals/cyt/index.htm .
Multidimensional Family Therapy (MDFT)	Meant to treat polydrug-abusing adolescents by targeting the individual adolescent, the parent(s), the relationship between children and parents, and other systems (school, peers, juvenile justice, etc.). Interventions work within the multiple ecologies of adolescent development, and they target the processes known to produce and/or maintain drug taking and related problem behaviors. MDFT typically involves 14 – 16 weekly sessions, ranging from 60 – 90 minutes each, and incorporating both individual and family formats.	Multidimensional family therapy for adolescent cannabis users. Cannabis Youth Treatment (CYT) Series, vol 5. (DHHS Pub. No. 02–3660). Rockville, MD: SAMHSA, Center for Substance Abuse Treatment, 244 p. Order free print copy from National Clearinghouse for Alcohol & Drug Information (Inventory # BKD388); or purchase print copy (\$30) or download free from Chestnut Lighthouse URL: http://www.chestnut.org/LI/cyt/products/index.html#treatment

Note: This inventory represents a point in time (11/05) capture of widely recognized evidence-based programs and practices (EBPs). Some might have been inadvertently missed. This document will be continually updated as existing and new ones become known.

Produced by the Southern Coast Addiction Technology Transfer Center, www.scattc.org

Family and Friends		
EBPs	Description	Source for Information
Partners in Parenting	Contains materials for an 8-session structured workshop that allows participants to practice parenting strategies and discuss their experiences with others.	The entire manual or sections are available free: http://www.ibr.tcu.edu/pubs/trtmanual/manuals.html Printed copies of <i>Partners in Parenting</i> are available through Lighthouse Institute , a nonprofit division of Chestnut Health Systems in Bloomington, Illinois. Price per manual is \$25, plus \$5 shipping and handling. To order, contact the <u>Lighthouse Publications Web Site</u> , phone toll-free (888) 547-8271, or FAX (309) 829-4661 .

Note: This inventory represents a point in time (11/05) capture of widely recognized evidence-based programs and practices (EBPs). Some might have been inadvertently missed. This document will be continually updated as existing and new ones become known.

Produced by the Southern Coast Addiction Technology Transfer Center, www.scattc.org

Supportive Networks		
EBPs	Description	Source for Information
Cognitive Behavioral Therapy: Treating Cocaine Addiction	Descriptive info is available on page 13 of this inventory. <i>*Supportive networks are discussed throughout the treatment process.</i>	This manual can be downloaded at the following website: www.drugabuse.gov/TXManuals/CBT/CBT1/html It is a public domain document.
Community Reinforcement Approach (CRA) with Vouchers	This model has been utilized successfully for behavioral change and management. See page 14 for details.	Available to download free from NIDA online: http://www.drugabuse.gov/TXManuals/CRA/CRA1.html
Mapping Your Steps	Provides mapping templates for helping clients work their 12-step program and contemplate the deeper, personal relevance of each step. This manual is an excellent resource for counselors who want to assist clients interested in immersing themselves in the steps and traditions of groups like Alcoholics Anonymous, Narcotics Anonymous, or Cocaine Anonymous. The approach is suitable for both “old-timers” and for clients who are new to 12-step work. The maps encourage reflection and serious consideration of the foundational ideas of 12-step programs such as powerlessness, concepts of a Higher Power, moral inventories, making amends, and helping others. In addition, the manual includes maps to explore popular AA slogans, the Twelve Traditions, and the <i>Serenity Prayer</i> .	The entire manual or sections are available free: http://www.ibr.tcu.edu/pubs/trtmanual/manuals.html
Twelve Step Facilitation Therapy	As this process is also successfully utilized to enhance engagement in treatment, it is listed and described under the Engagement section of this matrix – see page 7.	http://www.niaaa.nih.gov/publications/match.htm Cost: \$6.00 per copy (includes shipping and handling).

Note: This inventory represents a point in time (11/05) capture of widely recognized evidence-based programs and practices (EBPs). Some might have been inadvertently missed. This document will be continually updated as existing and new ones become known.

Produced by the Southern Coast Addiction Technology Transfer Center, www.scattc.org

Post Treatment		
EBPs	Description	Source for Information
Cognitive-Behavioral Coping Skills Therapy	<i>*Discussion of relapse is part of the sessions.</i> This model has also been proven effective with behavior change and management and is described on page 12 of this inventory.	http://pubs.niaaa.nih.gov/publications/match.htm Cost: \$6.00 per copy (includes shipping and handling).
Motivational Enhancement Therapy	<i>*Some discussion of relapse.</i> This model has also been proven effective with engagement and is described on page 5 of this inventory.	Volume 2-Motivational Enhancement Therapy Manual , 121 pp. NIH Pub. No. 94-3723. 1994. http://pubs.niaaa.nih.gov/publications/match.htm#ordering Cost: \$6.00 per copy cost recovery fee - includes shipping and handling.
Relapse Prevention Therapy	Individuals learn to identify and correct problematic behaviors. RPT encompasses several cognitive-behavioral strategies that facilitate abstinence as well as provide help for people who experience relapse.	Clinical Guidelines for Implementing Relapse Prevention Therapy. Illinois: The Behavioral Health Recovery Management Project. Download free: http://www.bhrm.org/guidelines/RPT%20guideline.pdf .
Straight Ahead: Transition Skills for Recovery	Provides substance abuse treatment professionals with a step-by-step curriculum for leading a 10-session workshop designed to reinforce key recovery concepts.	The entire manual or sections are available free: http://www.ibr.tcu.edu/pubs/trtmanual/manuals.html Printed copies of <i>Straight Ahead: Transition Skills for Recovery</i> are available through Lighthouse Institute , a nonprofit division of Chestnut Health Systems in Bloomington, Illinois. Price per manual is \$19, plus \$4 shipping and handling. To order, contact the Lighthouse Publications Web Site , phone toll-free (888) 547-8271, or FAX (309) 829-4661.
Twelve Step Facilitation Therapy	As this process is also successfully utilized to enhance engagement in treatment, it is listed and described under the Engagement section of this matrix – see page 7.	http://www.niaaa.nih.gov/publications/match.htm Cost: \$6.00 per copy (includes shipping and handling).

Note: This inventory represents a point in time (11/05) capture of widely recognized evidence-based programs and practices (EBPs). Some might have been inadvertently missed. This document will be continually updated as existing and new ones become known.

Produced by the Southern Coast Addiction Technology Transfer Center, www.scattc.org

Note: This inventory represents a point in time (11/05) capture of widely recognized evidence-based programs and practices (EBPs). Some might have been inadvertently missed. This document will be continually updated as existing and new ones become known.
Produced by the Southern Coast Addiction Technology Transfer Center, www.scattc.org